

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000019088

FILED
Jan 15, 2009
Secretary of State

Entity Name: ALTERNATIVE HOME HEALTH AGENCY INC.

Current Principal Place of Business:

499 N SR 434
SUITE #2149
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

499 N SR 434
SUITE #2149
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 32-0236390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLANES, ANTHONY W
499 N SR 434
SUITE #2149
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LLANES, ANTHONY W
Address: 499 N SR 434, SUITE #2149
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: LLANES, WILFREDO
Address: 499 N SR 434, SUITE #2149
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SEC () Change (X) Addition
Name: LLANES, ANTONIETTA
Address: 499 N SR 434, SUITE #2149
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIETTA LLANES

SEC

01/15/2009

Electronic Signature of Signing Officer or Director

Date